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ABSTRACT

The purpose of the practicum was to develop an effective relationship between a community mental health center and the public schools. To highlight the potential effectiveness of such a relationship, the practicum involved specific provisions for services to classes of socially maladjusted and/or emotionally disturbed children. The results of the practicum demonstrated the value of involving mental health professionals as an integral part of the public school system and clearly indicated that both staff inservice programs and direct involvement programs with children could be significantly beneficial and should be continued and expanded. (Author)

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DEVELOPING AN OPERATIONAL MENTAL HEALTH CENTER WITH SERVICE PROVISIONS FOR THE PUBLIC SCHOOL SYSTEM

by

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for the degree of Doctor of Education

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TABLE OF CONTENTS

	PAGE
ABSTRACT	(i)
INTRODUCTION	(ii)
STATEMENT OF THE PROBLEM	1
Needs Assessment	1
Objectives	4
SURVEY OF THE LITERATURE	5
Examples of Collaboration	7
Problems of Collaboration	11
Problems within school systems	11
Problems within mental health centers	12
Advantages of Collaboration to the Schools	12
Advantages of Collaboration to Mental Health Centers	14
PRACTICUM DESIGN	15
Initial Steps	16
Program Design	17
Direct involvement	18
Inservice activities	18
Evaluation Method	19
RESULTS	21
ANALYSIS	27
SUMMARY	32
APPENDIX A	34
APPENDIX B	43
BIBLIOGRAPHY	53

INTRODUCTION

This practicum is an effort to develop an effective collaboration between the South Area Administrative Office of the Palm Beach County Public School System and the South County Mental Health Center, a private, non-profit facility. In an attempt to demonstrate the effectiveness of such a collaboration, the practicum sets forth to assist schools with newly formed classes for the emotionally disturbed and/or socially maladjusted. The fact that these classes were experiencing considerable difficulty made them a prime target area for intervention.

That section of the paper which surveys the literature cites examples of collaborative relationships between schools and centers and discusses problems and advantages that tend to be experienced by both groups.

The section on practicum design discusses the initial steps that were taken, the specific program design, and the method of evaluation. The design involving a control and experimental group format is explained and the procedures of direct service to students and inservice training for school personnel discussed. While statistical treatment of pre- and post-test data constituted the primary evaluative tool, this data was reinforced by other supportive material gathered from school records and questionnaires.

The results section of the paper presents evidence of the effects of the mental health services with the statistical data indicating a significant behavioral change in the experimental group. The composite of data obtained reveals some definite, positive changes in student behavior and teacher attitudes as well as a strong support for the implemented program.

In the analysis section of the paper is presented a general interpretation of the results as well as conclusions concerning the effects that occured, the impact on the classes, and the directions to be pursued for further collaboration.

Appendix A contains samples of the forms used to gather the data for evaluative purposes.

Appendix B contains a copy of the services proposal distributed to schools in the South County Area along with copies of initial school responses requesting specific services for the next term.

STATEMENT OF THE PROBLEM

Needs Assessment

The need for community mental health services is extensive. Because of this recognized need, the federal government in cooperation with state and local governmental agencies embarked in 1968 on a broad program for the development of community mental health centers throughout the United States. The program basically consisted of staffing grants, construction grants, and special implementation grants dealing with specific population groups such as children and senior citizens.

The first community mental health center in Palm Beach County became an actuality in West Palm Beach in 1970. A second center was founded in Delray Beach in February, 1974. Though presently served by two mental health centers, there exists a glaring lack of collaboration between mental health facilities and the public schools within the county.

A study conducted by General Research Corporation in the Spring of 1974 estimated that of the 103,549 children in Palm Beach County, "there are at least 11,404 disturbed youngsters; 2,715 are severely disturbed and 8,689 are less disturbed".[1] These figures represent a significantly high percentage of the total Palm Beach County child population.

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[1] Assessment of Child Mental Health Needs and Programs, General Research Corporation Study, Spring 1974, pp. 4-44, McLeon, Virginia.

It is noted, however, that these figures were primarily based on Juvenile Court statistical data reflecting the number of referrals to the Division of Youth Services.

What may be considered a more accurate assessment of maladjusted children in Palm Beach County is the data presented by the state and county educational systems. Of the 70,000 school age children in the school district, approzimately 2% are projected as being either Emotionally Disturbed (E.D.) or Socially Maladjusted (S.M.).

The General Research Corporation Study can be considered an appropriate percentage in relation to the number of school children viewed as frustrated in their present classrooms and likely to develop failure patterns and possible delinquent behavior. While such students do indeed evidence adjustment difficulties which sometimes overtax teachers and peers alike, it is a much smaller percentage of students who constitute the body of severely maladjusted. The characteristics of behavior most commonly recognized in this latter group of children are: marked acting out, marked withdrawal, marked depression, serious suicidal tendencies and/or attempts, and extreme manipulative behavior. These are the students whom this practicum elects to serve as a demonstration of what can effectively be done through a collaborative effort.

What has historically been offered such children in Palm Beach County has been extremely limited whether it be in or out of the public school system. All too frequently disturbed

children are left to flounder in school with repeated behavioral and/or academic confrontations or are merely kept out of school and provided short, weekly visits by teachers for the homebound. Some of these youngsters become involved in legal violations and become enmeshed, at early ages, in the juvenile court system. In both systems (school and court) it is rare that adequate alternatives for their needs are either provided or available.

As a means of better coping with such children's needs and to isolate them from the increasing frustrations of the regular classroom setting, the Palm Beach County Public School System last year (1973-74) established special classes for the socially maladjusted. This year classes for the emotionally disturbed were added. These programs were initiated through the auspices of the Exceptional Child Education Department with full administrative support. However, acceptance of the classes in individual schools has been slow and trying due to resistance to bringing such children together collectively on designated campuses. At the present time only six such classes are operational in the South Area of the public school system and some of these have experienced marked difficulties. One elementary school class has had three different teachers this year because of the teacher's inability to maintain effective leadership. Student population in all of these classes has been held to a minimum as a means of maintaining order, but resulting in a loss of state funding.

It is felt that the present effort of the school system is a step in a much needed direction. However, both the E.D. and S.M. programs could greatly benefit from the type of services that can be provided by mental health professionals.

Objectives

The prime objective of this Maxi II Practicum is to initiate a collaborative relationship between the South County Mental Health Center and the public schools within the jurisdiction of the South Area Administrative Office. A specific practicum project is being undertaken aimed at providing mental health services to certain E.D. and S.M. classes. It is intended that the results of the project will provide sufficient evidence to substantiate the effectiveness of such collaborative efforts and will provide for the continuation and expansion of the relationship.

The specific objectives of this practicum project include: (a) assisting the student in social development and emotional control, (b) improvement in teacher skills and awareness, and (c) continuation and expansion of the project. The following goal objectives will be sought in relation to the foregoing:

A. Students

1. Developing and maintaining more satisfactory interpersonal relationships with peers and adults as indicated by observation and anecdotal records of school and/or mental health staff.
2. Coping more adequately with normal anxieties,

frustrations, and tensions as measured by observation and behavior checklists.

3. Developing and displaying a more positive self-image as measured by observation and self-appraisal instruments.

B. Teachers and Auxillary Staff

1. Increase staff awareness of prevailing student needs.
2. Increase positive expectations of staff toward students.
3. Increase teacher skills in group process.
4. Improve staff attitude toward Emotionally Disturbed and Socially Maladjusted classes.
5. Improve teachers sense of job satisfaction.

C. General

1. Improve liaison between school system and the South County Mental Health Center.
2. Train Pupil Personnel Services staff to continue and expand the program.
3. Develop contractual agreement for varied other services to the school system.

SURVEY OF THE LITERATURE

The review of the literature is generally supportive of the need for collaboration between community mental health

centers and school systems. Reference is particularly made to the close connection between mental health and learning ability. Teachers and school administrators, whether or not their training has prepared them for that role, are and will remain primary mental health agents in the lives of children.[2] Teachers have daily opportunities to help children develop the self discipline, skill in human relations, self confidence and esteem, and abilities to work and play creatively which in sum contribute to mental health.

School personnel cannot, however, be expected to function independently in meeting specific mental health needs of their students. It is thus that the mental health professional can assist school personnel to better understand human behavior and child growth and development, thus enabling teachers to develop their skills to deal more effectively with children.

Too often, in the past, the entrance of mental health personnel into the schools has been perceived by school staff as an intrusion, a threat, an added burden, or an onslaught of judgemental criticism.[3] A frequently heard criticism is that, while the classroom teacher desires specific aid with a specific child, all that is given is generalized theoretical consultation. As a result, the mental health professional is too often ignored and the hyperactive, acting out, delinquent

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[2]U.S. Department of Health, Education, and Welfare, Mental Health and Learning: When Community Mental Health Centers and School Systems Collaborate, 1972, p.5.

[3]Ibid

underachieving, withdrawn, handicapped, and truant children continue to present a wide spectrum of problems to the school. A typical reaction has been to refer these children elsewhere when possible, removing them from the classroom in an attempt to prevent their disturbing or hindering others. This solution often stigmatizes the children, engenders failure judgements in them, and causes their parents and teachers to lower their expectations of them.

The services of collaborative programs between schools and mental health centers can often keep these children in the school and afloat in the mainstream of education. School personnel, through training, consultation, and overt support from mental health specialists, can learn skills and approaches which can enable them to cope with problem situations as they arise and before they become deeply entrenched. However, even in the latter situation, school personnel can be taught new skills in conjunction with direct interventions by mental health professionals to enable them to overcome such entrenchments and redirect children along more positive pathways.

Examples of Collaboration

Our search of the literature was in large measure accomplished through the services of the Florida Educational Resources Information Center.[4] This search revealed specific incidences in which mental health programs were effectively incorporated into the public school system.

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[4]Florida Educational Resources Information Center, State of Florida, Department of Education, Tallahassee, Florida, 32304.

The Sacremento Unified School District in California involved a series of three two-hour mental health workshops focused on the subjects of stress, anxiety, drug abuse, alcohol, mental problems, and suicide prevention and resulted in improved, positive attitudes toward mental health on the part of the participating principals.

Another program conducted in Wilmette, Illinois in cooperation with the American Orthopsychiatric Association provided inservice training for beginning public school teachers. The service is provided as a series of group, grade level meetings and proved to be very beneficial in aiding teachers to better cope with situations that would arise in the classroom.

Other references, similar to the above, primarily relate to inservice programs for practicing teachers and internship programs at mental health facilities for studerts in training to become teachers.

One project in Alexandria, Virginia involved a teacher in-service program presented by the mental health center to 284 teachers. The intent was to modify teacher attitudes toward aggressive behavior in children. Although no definitive results were obtained via a questionnaire regarding attitudinal changes, several issues were brought to light. While teachers were pleased with the format of the program, they were disappointed with the theoretical content of the workshop. Thus

the issue was again raised as to whether mental health personnel can, in fact, meet teacher's needs for direct technical guidance in classroom management.[5]

Within the Pittsburgh Public School System mental health services were developed in 1965-66 and the results of that program fairly well evaluated. Special adjustment classes and resource rooms for emotionally disturbed children are described and compared. Mental health professionals working with the program were involved in program planning, evaluation of the children, cooperation with community agencies, teacher training, and teacher consultation.

An interesting collaboration was that between the Maimonides Mental Health Center and Title I schools in Brooklyn, New York.[6] The major objectives of the program were: to influence the development of school environments conducive to optimal mental health and learning in children; to prevent mental and emotional disorders by dealing as early as possible with children's problems; to provide early detection, treatment, and remediation of behavior, emotional, and learning difficulties; and to develop the mental health and interpersonal skills of teachers and other school personnel through inservice mental health training and consultation.

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[5] E. Judith Krasnow, Aggressive Behavior: Research in the Modification of Teacher Behavior, Alexandria Community Mental Health Center, Alexandria, Virginia, 1968.

[6] U.S. Department of Health, Education, and Welfare, Mental Health and Learning: When Community Mental Health Centers and School Systems Collaborate, 1972, pp.18-26.

Components of the collaboration included such activities as training programs for mental health personnel, training programs for school personnel, training for parents, training for children and teenagers to serve as tutor-therapists for younger children and for their peers, and joint training programs involving the teaching faculty, special education and school mental health personnel, mental health center personnel, parents, and the children themselves.

Despite the typical problems that tend to occur in such collaborations, the experience in the Maimonides Community Mental Health Center-Title I Schools program indicated a large measure of effectiveness and success in achieving the objectives of the program.

What appears essential to the success of any collaboration effort is, of course, the resolution of the types of problems as set forth in the following section. In general, however, it is suggested that a successful collaboration will be dependent upon: mental health center initiative and out-reach to schools; the a priori premise that both the school and mental health systems really want to help more effectively if the means can be found; planned strategy, organizational techniques, and sophisticated human relations; and a demonstrated honest humility on the part of personnel within both systems regarding their limitations of experience and a willingness to share together and learn one from the other.

Problems of Collaboration

If collaborative efforts between mental health centers and school systems is indeed mutually beneficial, one must question the basis for the lack of such efforts. One need not look far, however, for the barriers which do exist and impede such collaboration.

Problems within school systems: Within the school system the major barriers to collaboration appear to be fear of criticism by outsiders of the schools abilities, lack of awareness by school teachers and principals of the help and services a mental health center can provide, a frequent lack of orientation to the mental health needs of children by school administrators and classroom teachers, fear by school mental health personnel of outside interference, conflicting perceptions of roles, and an inadequate community attitude.[7]

Other areas of difficulty appear to be: fragmentation of services and shortages of funds within the school; rivalry of special departments in the school system; inability of faculty to utilize all available resources around the needs of a given child; preoccupation of administrators and faculty with the mechanics of teaching and the maintenance of programs without regard to the mental health needs and problems of the students; bureaucratic rigidities; the lack of mental health

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[7]Op. cit., pp. 9-10

training and insights of educators; and suspicion and hostility between parents and teachers as well as between children and teachers.

Problems within mental health centers: Within mental health centers there exist such barriers as intraorganizational problems which affect service priorities; downgrading and intolerant attitudes toward school personnel; inability of mental health personnel to communicate effectively with educators; traditional separation and conflict between specialists; lack of knowledge by therapists about educational treatment modalities; and lack of appropriate consultation and community organization training.[8]

Other factors impeding effective collaboration appear to be: lack of funds for staff and programs; lack of experience on the part of mental health professionals with the nature and substance of school life and school problems; lack of specificity concerning the definition and methods of primary, secondary, and tertiary preventative programs; and the general historic neglect of childrens needs in the fields of mental health and psychiatry.

Advantages of Collaboration to the Schools

In general it is apparent that benefits are clearly derived by the school centers engaged in collaborative activities.

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[8] U.S. Department of Health, Education, and Welfare, Mental Health and Learning: When Community Mental Health Centers and School Systems Collaborate, 1972, p.11.

Teachers generally accept the fact that in almost all classes a certain number of children present either behavioral or educational problems that are especially difficult to deal with. Many teachers have developed strategies to deal with these problems. However, when that repertoire is exhausted without positive results, the situation is often viewed as a failure. The availability of quick intervention and consultation provided by a collaborative program reduces the incidence of these perceived failures. Moreover, the skills and insights acquired by the teacher in the process are carried over with benefit both to the teacher and to the entire class.

Prompt intervention and conference consultation can increase the teacher's awareness that some children's problems are not easily modified, and that self-expectations on the part of the teacher may be too high. The process also demonstrates that the learning experience itself can be therapeutic for the child, that his methods of relating to adults can slowly be altered by effective teacher-child interactions.

Also, the opportunity for the prevention of emotional or learning disability is offered by successful collaboration. The classroom teacher developing personal child appreciation and management skills through collaborative programs is more alert to early signs of distress or beginning disability. Children in the classroom will benefit from this detection and prompt follow-up service the programs can offer.

Auxiliary personnel, such as guidance counselors, school psychologists, and school caseworkers, work within the school

setting and provide support service to faculty and children. Collaboration programs can often help these staff members improve their own skills in such areas as human relations, group processes and techniques, counseling leadership, and interviewing. They can also serve as effective liaison agents between the mental health center and the school, and as training resources for center staff members learning about the school.

School principals also benefit from collaborative activities. Special seminars for principals and other administrative staff and their inclusion in training and consultation sessions involving different levels of school personnel provide opportunities for growth in the understanding of mental health concepts as they relate to issues of school administration.

Advantages of Collaboration to Mental Health Centers

There are, of course, also benefits to be derived by the participating mental health center. Public schools, particularly the elementary schools, maintain a key position in the effort to create optimum conditions for mental health in children.

The intervention of mental health professionals working in school related programs is not, or should not be, to make psychotherapists of school personnel. Mental health staff should instead impart their knowledge of child mental health principles and practices to school personnel through training, consultations and demonstrations, and associated techniques. Programs should take place within the schools in a climate of

activity in which the problems, successes, and failures may be seen more clearly than they could be in an atmosphere of abstract discussion in a lecture situation. The responsibility of the mental health professional is to build upon and fully employ the skills already possessed by educators, to channel and reinforce them, and to give assurance and support which will increase their efficiency in classroom performance and personal satisfaction.

Since the mental health center places emphasis on prevention of mental disorders as well as on provision of direct treatment services, the schools can be a most significant preventative force. In short, collaboration with the schools provides a maximum opportunity for mental health centers to fulfill more of their obligations to children with the most efficient use of manpower and funds. The school system becomes an effective vehicle through which the mental health facilities can reach the majority of children, their families, and the school personnel who are important influences in their development.

PRACTICUM DESIGN

Since the prime objective of the practicum is to develop a collaborative relationship between the South County Mental Health Center and the public schools within the area served

by the center, a situation of significant concern to the schools was sought as a target area. It was felt that making an effective and significant input in a controversial area would best illuminate the benefits that were possible to both parties through such collaboration. It was consequently decided to select, as the target area, the special classes for the emotionally disturbed and socially maladjusted.

Initial Steps

As the first step, conferences were held with the medical director of the South County Mental Health Center to re-evaluate center priorities in relation to providing services to school children. Because the directors professional training is in the area of community and child psychiatry, there was no lack of enthusiasm for the project being postulated. The only expressed concerns were in regard to available staff time and the degree of responsiveness and cooperativeness that might be expected from the schools.

The second step taken was a meeting with the administrative staff of the South Area Administrative Office to ascertain the school systems position in relation to the proposed undertaking. Here, too, the response was most favorable with the directors of pupil personnel services and exceptional child programs being highly supportive. It was clarified at the onset that the services of the center would be on a gratis basis for this demonstration project with future services to be contingent upon a negotiated contractual agreement.

Following the administrative level conferences, a meeting was held with center clinical staff to determine the types and extent of services that could be provided. It was decided that three staff members would be available for the program for a one semester period and that they could adequately service three of the six existing special classes.

A meeting was then held at the South Area Administrative Office. In attendance were representatives from the project schools, the assistant area superintendent, the directors of pupil personnel and exceptional child, several pupil personnel staff members, teachers, and participating center staff. Although all present were generally familiar with the proposed project at this time, there was a thorough review and discussion. Two of the four middle school and one of the two elementary school classes were selected to actively participate as an experimental group receiving direct services. The remaining three classes constituted the control group to be utilized for comparative purposes.

Throughout the course of the program there were a number of follow-up meetings with the various participants thereby providing a constant feedback and ongoing communication at all levels of involvement.

Program Design

The service provision of the project consisted of two major program components: direct involvement with classroom students and in-service activities for school personnel.

Direct involvement: Actual classroom activities consisted of one hour, weekly group sessions with the mental health professional and classroom teacher serving as group co-leaders. As skills were developed both within the group process and during the course of in-service meetings, the teacher gradually assumed the role of primary group leader with the mental health worker maintaining a supportive posture.

These group sessions were designed to provide a medium wherein students were given the opportunity to express their ideas and feelings in positive, constructive ways rather than through negative, destructive measures. The sessions were also designed to strengthen student-teacher and peer relationships and to reduce incidents of disciplinary action.

Focus of the sessions was on the here and now and dealt with student knowledge, attitudes, and behaviors that hinder or help self-acceptance, getting along with peers and adults, and academic achievement. Conveyance of positive expectations, encouraging verbal expression of feelings and ideas, confrontation, and peer group pressure were some of the techniques utilized.

In-service activities: The in-service activities, whether formal or informal, involved the classroom teachers and other school personnel. These were held in each of the experimental group schools on a weekly basis throughout the course of the program.

The initial focus of these activities was to elaborate on the needs of the students and how the program relates to those needs as well as the needs of the school system. One phase of emphasis was thus on mental health education, while a second phase dealt with the participants discussions of feelings and attitudes pertaining to emotionally disturbed and socially maladjusted classes and toward the students themselves.

Other typical areas dealt with included the socio-cultural milieu of the students and its impact upon educational programmings, the role of teacher and staff expectations on school performance, the students response patterns to frustration or needs deprivation, and the effective use of discipline.

The overall effort of the inservice component was to improve staff awareness and develop an improved compatability between the needs and expectations of the system and the needs and expectations of the student.

Evaluation Method

The overall project will involve both control and experimental groups comprised of three emotionally disturbed and/or socially maladjusted classes each. Placement of classes in these groups will be by random selection with the one stipulation that two classes in each group be from a middle school and one class in each group be from an elementary school. Since the school system has established criteria for placement of students in both the emotionally disturbed and socially

maladjusted classes, all students can be expected to be evidencing similar behavioral disorders.

The experimental and control groups will be generally equated in terms of age, sex, race, and number. There will, of course, be some inherent problems since the number of classes and students in those classes is limited. Matching cannot consequently be as exacting as desired and teacher qualifications cannot be controlled. However, it is intended that the random placement of classes within the two groupings will provide a balanced distribution.

To evaluate change, a behavioral checklist will be constructed to assess each students level of adjustment and will be administered in conjunction with a self-appraisal instrument both at the initiation and termination of the project to both the control and experimental groups. The data thus obtained will be treated statistically to determine if there is any significant difference in change between the two groups. It is the hypothesis of this practicum that a greater change will occur within the experimental group receiving mental health services.

Other areas of evaluation will be comparisons between the absenteeism rates of the two groups to determine improvement in school attendance. Similar data will be presented regarding truancy and disciplinary rates. A questionnaire will also be developed to assess teacher and staff impressions

regarding affects of the overall program in relation to the specific objectives of the project.

Participating mental health professionals will also submit their impressions on the effectiveness of the project either through summary statements or questionnaire responses.

The impact of the project upon the system will be evaluated in terms of the systems attitudinal posture in relation to (a) plans for the continuation and expansion of emotionally disturbed and socially maladjusted classes within individual school centers, (b) the continuation and expansion of the present program, and (c) the development of a contractual relationship between the school systems South Area Administrative Office and the mental health center for additional mental health services.

Samples of the Behavioral Rating Scale, the Student Self-Evaluation Form, the Program Evaluation Questionnaire, and the School Attendance and Discipline Incidence Forms are located in Appendix A.

RESULTS

Pre- and post-test data was obtained on students in both the control and experimental groups and the score differences calculated for use in the statistical analysis. The data obtained for both groups is presented in Tables 1 and 2.

TABLE 1

Pre- and Post-Test Score Data
Experimental Group

#	Name	Pre	Post	Dif
1	Karen Faust	367	391	+24
2	Mark Melton	299	344	+45
3	Mark Powers	348	343	- 5
4	Jay Kraft	356	367	+11
5	Rick Willoughby	359	372	+13
6	Dawn Burns	357	394	+37
7	Chip Hampton	353	392	+39
8	Robert Chandler	314	398	+84
9	Carol Massing	412	418	+ 6
10	Cindy Tryon	336	382	+46
11	Marian Kaye	340	408	+68
12	Robert Byrd	324	326	+ 2
13	Deloris Moore	339	319	-20
14	Clifford Bell	360	370	+10

TABLE 2

Pre- and Post-Test Score Data
Control Group

#	Name	Pre	Post	Dif
1	Harrell Thomas	303	372	+69
2	David Engleking	344	343	- 1
3	Dale White	336	350	+14
4	Elliott Denson	397	389	- 8
5	Sheila McRay	347	331	-16
6	Timothy Thompson	359	375	+16
7	Norman Howard	355	356	+ 1
8	Chris Nelson	375	362	-13
9	Tim Malone	307	312	+ 5
10	Carolyn Petty	347	314	-33
11	Bessie Jenkins	364	340	-24
12	Betty Gosier	379	358	-21
13	Norberta Camocho	411	420	+ 9

In order to deal most effectively with the statistical treatment of the data, an F-test was conducted comparing the variance of the experimental over the control group. The obtained F value of 2.35 indicated a non-significant difference thereby allowing for the assumption of homogeneity of variance.

Using the difference scores for both groups, a t-test was used to determine whether or not the difference between the two groups was significant. The computational formula utilized was

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\left[\frac{\Sigma X_1^2 - \frac{(\Sigma X_1)^2}{N_1} + \Sigma X_2^2 - \frac{(\Sigma X_2)^2}{N_2}}{(N_1 + N_2) - 2}\right] \cdot \left[\frac{1}{N_1} + \frac{1}{N_2}\right]}}$$

with a resultant t of 2.44 which was found to be significant at the .05 level of confidence. This finding indicates that the services provided the experimental group had a significant affect upon the behavior of the group.

At the conclusion of the project, data was also collected from each of the experimental and control schools to compare differences in incidences of absenteeism, truancy, and discipline for one month periods at the beginning and end of the project. As indicated in Tables 3 and 4, the experimental group evidenced a decline in all three categories while the control group evidenced minimal decrease in absenteeism but

a somewhat marked increase in incidences of truancy and discipline.

TABLE 3

Incidence Pates of
Absenteeism, Truancy, and Discipline

Experimental Group

	Absenteeism		Truancy		Discipline	
	Pre	Post	Pre	Post	Pre	Post
Total	71	46	15	5	36	24
Mean	5.07	3.28	1.07	.36	2.57	1.71
Mean Difference		-1.79		-.71		-.86
% Change (+or-)		-35%		-66%		-33%

TABLE 4

Incidence Rates of
Absenteeism, Truancy, and Discipline

Control Group

	Absenteeism		Truancy		Discipline	
	Pre	Post	Pre	Post	Pre	Post
Total	40	38	16	26	24	35
Mean	3.07	2.98	1.23	2.00	1.85	2.69
Mean Difference		-.15		+.77		+.84
% Change (+or-)		-5%		+63%		+45%

Results of the Program Evaluation Questionnaire were obtained from fifteen respondents, compiled, and presented in Table 5 as mean responses to each item rounded off to the nearest half unit. As one may readily observe, the responses were generally favorable and supportive of the project and its fulfillment in meeting its objectives.

TABLE 5

Results of the
Program Evaluation Questionnaire

Number of Respondents:
1 school principal 5 teachers 2 teacher aides
4 other school personnel 3 mental health staff

Responses

Key: 1 Very Positive
2 Somewhat Positive
3 Unsure
4 Somewhat Negative
5 Very Negative

	Yes				No
1. Do you feel that the program has been beneficial?	1 X	2	3	4	5
2. Do you feel students made a better adjustment as a result of the program?	1	X	3	4	5
3. Did the program serve as an aid to the classroom teacher?	1 X	2	3	4	5
4. Do you feel the program should be continued?	X	2	3	4	5
5. Do you feel other ED and SM classes would benefit from the program?	X	2	3	4	5

TABLE 5 (continued)

6. Did the services of the MH Center staff provide the classroom teacher additional skills?	1	X	3	4	5
7. Do you feel that the MH services helped to reduce the number of classroom interruptions?	1	2X	3	4	5
8. Did the MH services help to reduce the time spent in controling rather than teaching?	1	2X	3	4	5
9. Was there a reduction in the number of student hours lost due to truancy and/or absenteeism?	1	2X	3	4	5
10. Did the assistance of the MH staff help to reduce the teacher's personal frustration with the class?	1	X	3	4	5
11. Did the class assistance of the MH staff help to improve the teacher's job level satisfaction?	1	X	3	4	5
12. Did the assistance of the MH staff help the teacher to function more effectively?	1	X	3	4	5
13. Do you feel that students were helped to function more appropriately?	1	X	3	4	5
14. Were students helped with their interpersonal relationships with peers?	1	X	3	4	5
15. Were students helped with their interpersonal relationships with adults?	1X	2	3	4	5
16. Were students helped to cope more adequately with frustrations?	1	X	3	4	5
17. Do you feel that students developed and displayed a more positive self image as a result of the program?	1	X	3	4	5
18. Did the MH consultation help improve the teacher's knowledge of student psycho-social needs?	1	X	3	4	5

TABLE 5 (continued)

19. Are school personnel willing to continue the program?	1X 2 3 4 5
20. List any comments below:	

While many of the comments were repetitive, the following responses are illustrative of the positive feelings that were generated among the school personnel.

"...gave students a feeling of acceptance and self-value."

"Observations made were superior."

"Classroom interuptions have been reduced."

"...your involvement insured the success of our initial programs in ED and SM."

"Regular teacher consultation meetings are valuable part of this program."

ANALYSIS

The results clearly indicate that there was a significant difference in improvement within the experimental group which can be attributed to the involvement of the mental health professional in both direct service to students and in-service training to teachers and related school staff.

Although the actual number of participants in the program was small, the results are at least indicative and suggest that collaborative programs of this nature can indeed be beneficial. It is noted that there has been considerable discussion at various levels as to the appropriateness of grouping children in special classes versus continuing them in the academic mainstream. At this point in time, the greatest local resistance to grouping appears to be concern over management of clusters of these youngsters. As previously mentioned, one class this year has had three different teachers because of management problems. All schools with classes had strong feelings about implementation, but those participating in the experimental group have not only come to accept the classes, but also have been highly impressed with the results that have been achieved. The objective, of course, is to help the classroom teacher and auxilliary staff modify their perceptions and expectations and subsequently provide more positive, constructive experiences for these children so that they can indeed be returned to the mainstream of the school.

The data obtained on rates of attendance, truancy, and discipline are further indications of the success of the program and add support to the statistical analysis of other data. Since the two groups were generally matched in age, sex, race, and size, the assumption can be made that changes in behavioral performance were due to the program.

While the Program Evaluation Questionnaire allowed for a graduated response choice to each item, it can be noted that the respondents were rather positive in their feelings. Earlier experiences with mental health personnel coming into school centers as expert consultants usually left a rather negative impression with school personnel. These earlier experiences led to the awareness of a need for coordination between school and mental health staffs with planning based upon needs and mutual expectations. One answer seemed to be a combination of consultation and inservice training coupled with direct service, and this was the format of this practicum. The direct service component is viewed as the unifying link between the two staffs that helped to produce a common ground for mutual understanding and acceptance. Individual, real problem situations were dealt with which, in turn, increased the relevancy of the in-service component. Consultation moved beyond the theoretical and crossed the threshold into reality. There were carry over effects from one situation to another and these, too, served to reinforce the learning experiences. The extent of inter-cooperation and assistance that occured between principal, dean, counselor, teacher, and mental health worker was extremely gratifying.

As school staff came to better understand the needs of these special students and developed new skills in working with them, there were observed changes in student interpersonal relationships and attitudes and a reduction in crisis situations.

Much of this was surely a reflection of changes in attitude on the part of school personnel, not only toward the children, but also toward one another.

Although the overall results were positive, it is also apparent that the length of the project had limitations. While it was shown that even a program of a one semester duration could have a significant impact, such a program could not produce a state of perfection. Teacher skills, though improved, can certainly be expanded. While classroom disturbances were reduced, further improvement can be expected with the continued utilization of those skills. Certainly, though, the results indicate that there was a positive change in staff attitude and expectation, an improved student behavior, and consequently a reinforcing sense of job satisfaction. The fact that the highest two scores on the questionnaire were on items four and five suggests that the staff places high credence in the program and attribute to it much of the success experienced in the classroom situation.

The results do indicate that the objectives for school students and staff were achieved and that an improved liaison between the school system and the South County Mental Health Center has been developed. It is also apparent that there was sufficient impact upon the school system to warrant plans for the continuation and expansion of the program and to continue with the development of ED and SM classes in other school centers. The only difficulty encountered is in relation to

the development of a contractual relationship between the South Area Administrative Office and the South County Mental Health Center.

In actuality, contractual negotiations were proceeding well and a small contract for a series of workshops was finalized with the South Area Administrative Office during the course of the present practicum. However, due to extensive state financial cutbacks to education for the next fiscal year, the Palm Beach County Public School System is completely revamping its present decentralized structure. In addition to being concerned about their own futures, south area personnel are not in a position to negotiate any new contracts at this time. Recommendations from that office have been to develop independent contracts with individual school centers. The mental health center is now in the process of interacting with individual school principals and it is anticipated that a number of small contractual relationships will be established. The difficulty, of course, is that individual school centers have limited funds for such activities and the mental health center, while receiving public financial support, must develop revenue sources to sustain operations as public funding diminishes. Fortunately, however, one outgrowth of the practicum has been the realization by the center that projects of this sort can be highly beneficial as a means of effectively reaching children. As a consequence, the mental health center will continue to provide some services next year on a gratis

basis, if necessary, to continue to develop an effective collaborative relationship with the public school system. The preference is still for a centralized contract in order to provide for a broader, more unified program.

Those schools that participated in the experimental group will continue to be served by the center on a consultant basis to continue to strengthen those programs and, where pupil personnel staff carry the program to other schools, the mental health staff will provide supportive assistance conducting some inservice programming and providing some direct service.

At the same time, the mental health center will attempt to provide other types of service as indicated in the materials in Appendix B. The center will also attempt to formalize a contract with the county superintendent of schools, and it is felt that the present project will provide supportive evidence for such a collaboration.

SUMMARY

This practicum was designed to deal with an area of specific need within the public school system which would clearly indicate the values to be derived from a collaborative relationship between the schools and the South County Mental Health Center. It was intended that the results of the practicum would lead to a formal collaboration via a contractual agreement for continued services with the school system.

The practicum consisted of a research design involving classes of emotionally disturbed and/or socially maladjusted children divided into experimental and control groups. Pre- and post-testing was done and the results statistically evaluated to determine the effects of mental health services to the experimental classes. Provided services included staff in-service training and direct services to students on a weekly basis for the period of the program which extended sixteen weeks.

In addition to the testing procedure, data was gathered from the experimental and control schools on incidences of absenteeism, truancy, and discipline. Both school and mental health staff also completed a questionnaire on the program for additional supportive data.

The results indicated that there was a significant improvement in the experimental group over the control group and this finding was further supported by the other data. There was considerable response to and acceptance of the project and the initial collaborative affect.

Unfortunately, due to projected reductions in state funding for education, a contractual agreement for ongoing services was not consummated. However, contracts with individual school centers are being initiated and the mental health center will ensure the continuation of services for the coming year even in lieu of a contractual agreement with the school system as a consequence of the obtained results.

APPENDIX A

BEHAVIORAL RATING SCALE

School: _____ Date _____

Teacher: _____ Student: _____

Scoring Key				
Usually	Often	Sometimes	Seldom	Never
1	2	3	4	5

Please circle the appropriate number for each of the following items.

1	2	3	4	5	1.	Threatens staff with objects
1	2	3	4	5	2.	Threatens children with objects
1	2	3	4	5	3.	Steals
1	2	3	4	5	4.	Gets out of seat
1	2	3	4	5	5.	Bites staff
1	2	3	4	5	6.	Bites children
1	2	3	4	5	7.	Destroys school equipment
1	2	3	4	5	8.	Destroys work
1	2	3	4	5	9.	Hits staff
1	2	3	4	5	10.	Hits children
1	2	3	4	5	11.	Distracts other children by clowning
1	2	3	4	5	12.	Brings forbidden articles to school
1	2	3	4	5	13.	Pushes staff
1	2	3	4	5	14.	Pushes children
1	2	3	4	5	15.	Plays with toys in class
1	2	3	4	5	16.	Plays with school equipment in class (erasers,etc.)
1	2	3	4	5	17.	Defaces work
1	2	3	4	5	18.	Kicks staff
1	2	3	4	5	19.	Kicks children
1	2	3	4	5	20.	Spits at staff
1	2	3	4	5	21.	Spits at children
1	2	3	4	5	22.	Draws on workbooks
1	2	3	4	5	23.	Makes noises with objects (ruler,deskcover,etc.)
1	2	3	4	5	24.	Cheats on tests
1	2	3	4	5	25.	Trips staff
1	2	3	4	5	26.	Trips children
1	2	3	4	5	27.	Throws objects at staff
1	2	3	4	5	28.	Throws objects at children
1	2	3	4	5	29.	Pinches staff
1	2	3	4	5	30.	Pinches children
1	2	3	4	5	31.	Makes noises with hands and feet
1	2	3	4	5	32.	Copies work of others
1	2	3	4	5	33.	Runs away from school
1	2	3	4	5	34.	Pokes others with objects
1	2	3	4	5	35.	Doesn't complete work
1	2	3	4	5	36.	Writes obscenities
1	2	3	4	5	37.	Starts fires
1	2	3	4	5	38.	Smokes at school
1	2	3	4	5	39.	Throws objects
1	2	3	4	5	40.	Marks on desk, floor, wall, etc.

SUB TOTAL ☐

1	2	3	4	5	41.	Overstays in washroom
1	2	3	4	5	42.	Roams around classroom
1	2	3	4	5	43.	Drops equipment (erasers, books,etc.) on floor.
1	2	3	4	5	44.	Runs around room
1	2	3	4	5	45.	Refuses to enter school building
1	2	3	4	5	46.	Stutters
1	2	3	4	5	47.	Talks to imaginary persons
1	2	3	4	5	48.	Cries
1	2	3	4	5	49.	Mutters
1	2	3	4	5	50.	Comments aloud
1	2	3	4	5	51.	Clears throat aloud
1	2	3	4	5	52.	Lies
1	2	3	4	5	53.	Butts in with answers
1	2	3	4	5	54.	Corrects other pupils
1	2	3	4	5	55.	Looks at the floor when talking
1	2	3	4	5	56.	Swears
1	2	3	4	5	57.	Speaks in a whisper
1	2	3	4	5	58.	Speaks in a whisper
1	2	3	4	5	59.	Does not speak
1	2	3	4	5	60.	Calls teacher or children names
1	2	3	4	5	61.	Argues with teacher
1	2	3	4	5	62.	Says "I can't do it" before trying
1	2	3	4	5	63.	Makes strange noises
1	2	3	4	5	64.	Tells tall tales
1	2	3	4	5	65.	Interrupts teacher
1	2	3	4	5	66.	Continual eye blinking
1	2	3	4	5	67.	Sick to stomach
1	2	3	4	5	68.	Bites nails
1	2	3	4	5	69.	Trembles
1	2	3	4	5	70.	Is truant
1	2	3	4	5	71.	Falls asleep
1	2	3	4	5	72.	Grimaces
1	2	3	4	5	73.	Chews objects
1	2	3	4	5	74.	Hides face
1	2	3	4	5	75.	Sucks thumb or fingers
1	2	3	4	5	76.	Hides from teacher
1	2	3	4	5	77.	Rests head on desk
1	2	3	4	5	78.	Interferes with organized games
1	2	3	4	5	79.	Brings articles from home for others
1	2	3	4	5	80.	Crawls on the floor
1	2	3	4	5	81.	Plays alone
1	2	3	4	5	82.	Rolls on the floor
1	2	3	4	5	83.	Holds teacher's hand
1	2	3	4	5	84.	Presses body against teacher
1	2	3	4	5	85.	Repetitious acts (rocking, twitching)
1	2	3	4	5	86.	Self-consciousness; easily embarrassed
1	2	3	4	5	87.	Cries over minor annoyances and hurts
1	2	3	4	5	88.	Jealousy over attention paid other children
1	2	3	4	5	89.	Short attention span
1	2	3	4	5	90.	Inattentiveness to what others say
1	2	3	4	5	91.	Hypersensitivity; feelings easily hurt
1	2	3	4	5	92.	Masturbation
1	2	3	4	5	93.	Tends to do opposite of what is requested
1	2	3	4	5	94.	Irritability; hot-tempered, easily aroused
1	2	3	4	5	95.	Physical complaints (headache,stomach ache)

SUB TOTAL ☐ TOTAL ☐

STUDENT SELF-EVALUATION FORM

SCHOOL:_____ DATE:_____

TEACHER:_____ STUDENT:_____

Instructions:

If the statement describes how you usually feel, put a circle around the word YES.

If the statement does not describe how you usually feel, put a circle around the word NO.

There are no right or wrong answers. Please answer truthfully how you feel.

1. I spend a lot of time daydreaming.....YES NO
2. I'm pretty sure of myself .....YES NO
3. I often wish I were someone else .....YES NO
4. I'm easy to like .....YES NO
5. My parents and I have a lot of fun together .....YES NO
6. I never worry about anything.....YES NO
7. I find it very hard to talk in front of the class.....YES NO
8. I wish I were younger .....YES NO
9. There are lots of things about myself I'd change if I could.....YES NO
10. I can make up my mind without too much trouble.....YES NO
11. I'm a lot of fun to be with .....YES NO
12. I get upset easily at home .....YES NO
13. I always do the right thing .....YES NO
14. I'm proud of my school work .....YES NO
15. Someone always has to tell me what to do .....YES NO
16. It takes me a long time to get used to anything new .....YES NO
17. I'm often sorry for the things I do .....YES NO
18. I'm popular with kids my own age .....YES NO
19. My parents usually consider my feelings .....YES NO
20. I'm never happy .....YES NO
21. I'm doing the best work that I can .....YES NO
22. I give in very easily.....YES NO

STUDENT _____

23. I can usually take care of myself .....YES NO
24. I'm pretty happy.....YES NO
25. I would rather play with children younger than me .....YES NO
26. My parents expect too much of me .....YES NO
27. I like everyone I know .....YES NO
28. I like to be called on in class .....YES NO
29. I understand myself .....YES NO
30. It's pretty tough to be me .....YES NO
31. Things are all mixed up in my life .....YES NO
32. Kids usually follow my ideas .....YES NO
33. No one pays much attention to me at home.....YES NO
34. I never get scolded .....YES NO
35. I'm not doing as well in school as I'd like to .....YES NO
36. I can make up my mind and stick to it.....YES NO
37. I really don't like being a boy - girl .....YES NO
38. I have a low opinion of myself .....YES NO
39. I don't like to be with other people .....YES NO
40. There are many times when I would like to leave home .....YES NO
41. I'm never shy .....YES NO
42. I often feel upset in school .....YES NO
43. I often feel ashamed of myself .....YES NO
44. I am not as nice looking as most people .....YES NO
45. If I have something to say, I usually say it .....YES NO
46. Kids pick on me very often .....YES NO
47. My parents understand me .....YES NO
48. I always tell the truth .....YES NO
49. My teacher makes me feel I'm not good enough .....YES NO
50. I don't care what happens to me .....YES NO

STUDENT _____

51. I'm a failure .....YES NO
52. I get upset easily when I'm scolded .....YES NO
53. Most people are better liked than I am .....YES NO
54. I usually feel as if my parents are pushing me .....YES NO
55. I always know what to say to people .....YES NO
56. I often get discouraged in school .....YES NO
57. Things usually don't bother me .....YES NO
58. I can't be depended on .....YES NO

PROGRAM EVALUATION QUESTIONNAIRE

Please check the appropriate box:

☐ school principal ☐ teacher ☐ teacher aide

☐ other school personnel ☐ mental health staff

In response to the questions below, please circle the number which best describes your feeling. Circle a 3 if you are unsure, a 4 if you are somewhat negative, a 5 if you are very negative, a 2 if you are somewhat positive, or a 1 if you are very positive.

	Yes				No
1. Do you feel that the program has been beneficial?	1	2	3	4	5
2. Do you feel students made a better adjustment as a result of the program?	1	2	3	4	5
3. Did the program serve as an aid to the classroom teacher?	1	2	3	4	5
4. Do you feel the program should be continued?	1	2	3	4	5
5. Do you feel other ED and SM classes would benefit from the program?	1	2	3	4	5
6. Did the services of the MH Center staff provide the classroom teacher additional skills?	1	2	3	4	5
7. Do you feel that the MH services helped to reduce the number of classroom interruptions?	1	2	3	4	5
8. Did the MH services help to reduce the time spent in controlling rather than teaching?	1	2	3	4	5
9. Was there a reduction in the number of student hours lost due to truancy and/or absenteeism?	1	2	3	4	5
10. Did the assistance of the MH staff help to reduce the teacher's personal frustration with the class?	1	2	3	4	5

		Yes				No
11.	Did the class assistance of the MH staff help to improve the teacher's job level satisfaction?	1	2	3	4	5
12.	Did the assistance of the MH staff help the teacher to function more effectively?	1	2	3	4	5
13.	Do you feel that students were helped to function more appropriately?	1	2	3	4	5
14.	Were students helped with their interpersonal relationships with peers?	1	2	3	4	5
15.	Were students helped with their interpersonal relationships with adults?	1	2	3	4	5
16.	Were students helped to cope more adequately with frustrations?	1	2	3	4	5
17.	Do you feel that students developed and displayed a more positive self image as a result of the program?	1	2	3	4	5
18.	Did the MH consultation/inservice help improve the teachers' knowledge of student psycho-social needs?	1	2	3	4	5
19.	Are school personnel willing to continue to expand the program?	1	2	3	4	5

List any comments below:

SCHOOL ATTENDANCE AND DISCIPLINE
INCIDENCE RATES

(School) _____ (Date) _____

STUDENT	Absenteeism		Truancy		Discipline	
	Pre	Post	Pre	Post	Pre	Post
TOTAL						
MEAN						
DIFFERENCE						

APPENDIX B

SOUTH COUNTY MENTAL HEALTH CENTER
2300 SEACREST BOULEVARD
DELRAY BEACH, FLORIDA 33444

W.P.B. Area: 737-8400 Delray Area: 272-3111

A PROPOSAL
TO PROVIDE CONSULTATION AND EDUCATIONAL SERVICES
TO SOUTH AREA PALM BEACH COUNTY SCHOOLS

April 11, 1975

INTRODUCTION

The South County Mental Health Center, Inc., (SCMHC) is hereby offering consultation and educational services to the public schools of the South Area of Palm Beach County.

This proposal is submitted to the individual schools. The South County Mental Health Center asks that the schools interested in utilizing any of these services contact Dr. Robert Zielinski, Consultation and Education Specialist at the Center, to make arrangements. Telephone number for the Delray area south is 272-3111. For the Boynton area north the number is 737-8400.

PROGRAM OFFERINGS

1. Therapeutic group experiences for children presenting behavior problems.

2. Individual and group consultation with teachers regarding children presenting problem behaviors and/or learning disabilities. This may also include assistance in program development for such children.

3. In-class participation of consultants in ED and SM classes, and consultation with teachers of such classes.

4. Consultation and training aimed at facilitating creative change in school systems (Organization Development).

5. Assignment of an individual consultant to individual schools to work there on a continuing basis several hours each week.

6. Workshops for staff development. (See list following).

   a) CLASSROOM COMMUNICATION

      How teachers can listen so children will talk.
      How teachers can talk so children will listen.

      2 sessions, 1½ hours each.

   b) DEALING WITH SPECIFIC BEHAVIORS

      Specific meanings of specific behaviors.
      Management of specific behaviors.

      2 sessions, 1½ hours each.

c) USING CLASS DISCUSSION

For Problem-solving
For helping pupils verbalize ideas and feelings.

2 sessions, 1½ hours each.

d) HANDLING CRISES

What to know about responding to a crisis.
What to do about a crisis.

2 sessions, 1½ hours each.

e) ANXIETY IN THE CLASSROOM

Situations that provoke anxiety.
What to do about anxiety-producing situations.

2 sessions, 1½ hours each.

f) INTERCULTURAL AND RACIAL FACTORS

What children bring with them to school.
How to deal with children who bring adverse attitudes to the classroom.

2 sessions, 1½ hours each.

g) THE LEARNING DISABLED STUDENT

Identifying the problem.
Some approaches to remediation.

2 sessions, 1½ hours each.

h) A custom designed workshop to respond to whatever human factor needs may be identified by teachers or administrators.

Any of the above workshops (2 sessions, 1½ hours each) will be conducted at a fee of $100.00. Consultation and other program services conducted by psychologists, clinical social workers, or counselors are offered at $23.00 per hour.

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Training for EH & SM Children's teachers.
2.
3.
4.
5.

School Boca Middle School (and Carol) Contact person Elva Hunter

Phone 392-1359

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. SM, ED, Occup Ed, work exp teachers from all schools, esp secondary.
2. Special needs for Mod-ECE kids
3.
4.
5.

School _____ Contact person CIS -

Phone _____

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. #2 Program Offerings - Program development for LD, & behavior problems
2. Classroom Communication & dealing with specific behaviors
3.
4.
5.

School Highland Elem Contact person Libby Romano

Phone 585-1108

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Working with ED and SM classes and their
2. teachers
3.
4.
5.

School Lake Worth Schools Contact person Principals

Phone

LW High School - Prin. James C. Woodall
Phone 585-4611

WH will have a new SM class in 1975-76.

5-13-75
- to be brought to school steering committee

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Therapeutic group experiences for children presenting behavior problems.
2. Dealing with Specific Behaviors
3.
4.
5.

called 5-1-75 - mrs. agreed to wish

School S. D. Spady Contact person Mavis Allred

Phone 278-4561

We just finished the workshop on Classroom Communication We felt there was not enough time to get into the "meat" of it - We thought more suggestions could have been given as to "how to" better communicate with students - we felt that (back)

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Therapeutic group exp. for children presenting behavior problems
2. learning disability identification & remediation
3. Handling crises
4. classroom communication
5.

School Pine Grove Elem Contact person Barb Snow

explore w collection

Phone 278-4531

- left the week - request info - will call back after 5-27-75

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Dealing with Specific Behaviors → to problem who need the classroom
2. Classroom Communication - to give ... things that they can do behavior classroom
3. workshop on ongoing ? Staff development - discipline?
4. → specific problem
5. [budget has been allocated, they will contact us if needed.]

5-13-75

School Plumosa Elementary (last Wed) Contact person Rose MacDonald

Phone 278-0396

not in - 5-6-75
not in - 5-13-75

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Prog. 2 - consultation - prog. dev. for problem behaviors + l.d.
2. Workshop - mgmt. of specific behaviors
3.
4.
5.

School Lantana Elem. (last Wed) Contact person Alice Close

Phone 585-6494

5-5-75
- for the future - in or early fall assess programs - perhaps in Sept
- how it talk to Mr Crawford - the principal
- at the end of school - June 5th - random write to him + like the work
Call to see if we could set up a meeting until summer comes

This is a conferinal workshop - 2 sessions in Communications for Sept 9-16-23 of Sept 20 teachers

5-1-75

Money is already budgeted for this purpose

R.Z.

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1.
2. (a) Classroom Communication
3. How teachers can listen....
4. How teachers can talk....
5. August - pre-school - date to be arranged $100.00

School Boynton Beach Elem. Contact person B. Thomas

Phone 732-3610

We're in the budget (both positions - Reading)

1st part of Sept 2 sessions 9 or 16th Sept

2 sessions - 20 teachers

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Helping classroom teachers cope with SLD students
2. " " " identify SLD students
3. Group counselling for students with problems.
4.
5.

School Delray Beach Elem. Contact person Kathleen Gustafson

expand a little

Phone 278-4525

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. "A"
2. "E"
3. "G"
4. "D"
5. "F"

School ROLLING GREEN Contact person BRUCE A. COSTANZO

Phone 585-9441

alphabetical

In what priority areas do you feel that the school Consultation and Educational Services of the South County Mental Health Center could be of service to your particular school?

1. Guidance - for disabled readers
2. Individual tutoring for students unable to attend school
3. Diagnostic Services
4.
5.

School Dr Gloria Kuchinskas Contact person South Area

Area Reading Consultant Phone 737-7300

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4251 Hyacinth Circle North
Palm Beach Gardens, Florida 33410
May 28, 1975

Mr. M. H. Tennis
Nova University
College Avenue
Fort Lauderdale, Florida 33314

Reference: Maxi II Practicum

Dear Mr. Tennis:

Enclosed please find two copies of my Maxi II Practicum and letters from three critical observers.

The practicum proceeded well and the results were even more gratifying than I had anticipated. The impact in the demonstration schools was impressive and we are proceeding with developing collaborations with individual schools for the next school term. Evidence of progress in this area is presented in Appendix B of the practicum report.

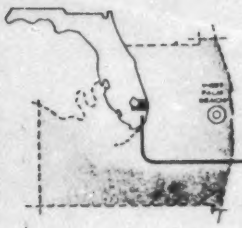
A conscientous effort has been made in this undertaking, and I trust that you will find the report satisfactory.

Sincerely yours,

Warren P. Tatoul

Warren P. Tatoul
West Palm Beach Cluster

WPT/ec



THE SCHOOL BOARD
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May 27, 1975

To Whom It May Concern:

Re: Warren Tatoul

As Coordinator of Exceptional Child Education in the South Area of Palm Beach County, I have been pleased with the development and progress of Mr. Tatouls' project. We have experienced an excellent relationship with the Mental Health Center which we hope will continue. There appears to be a growing need for classes for the socially maladjusted and/or emotionally disturbed child. New classes will be opening in the fall, therefore, further cooperation between the public school and Mental Health Center is imperative. Unfortunately, budgetary difficulty will create the necessity of contracting these services with the individual schools rather than through the area office. However, we feel this is an outstanding program and are pleased that it will be continued.

Should there be further questions regarding Mr. Tatoul's involvement with our schools please feel free to contact this number - 737-7300 extension 60 or 61.

Sincerely,

O. Radine Frisbie

ORF:fs

O. Radine Frisbie, Ph. D.
ED & ECE Coordinator
South Administrative Area

Lake Worth Junior High School
(0701)
301 South A Street
LAKE WORTH, FLORIDA 33460

ROBERT B. RIGGS
Principal

Telephone 585-4606

May 21, 1975

TO WHOM IT MAY CONCERN:

Lake Worth Junior High School had a Socially Maladjusted Unit and an Emotionally Disturbed Unit on our campus for the first time this school year. We were most interested in serving these children. Our staff has been aided by the presence of counselors from the South Area Mental Health Association.

During the months from October until May two counselors have visited our campus twice a week and participated in staffings, parent conferences, advised us on procedures and have had family sessions at the South Area Mental Health Center in Delray Beach. These counselors have also evaluated our program and given us both written and oral suggestions.

The South Area Mental Health Association has provided service beyond our capabilities. The work done this year was a pilot experiment made possible by the South Area Mental Health Association Administration.

We appreciate the service provided us and sincerely hope the South Area Mental Health and the County School Administration will continue providing this service to the schools and children in Palm Beach County.

Sincerely,

Robert Riggs,
Principal

RR:gc

SOUTH COUNTY MENTAL HEALTH CENTER
2300 SEACREST BOULEVARD
DELRAY BEACH, FLORIDA 33444

W.P.B. Area: 737-8400 Delray Area: 272-3111

May 28, 1975

TO WHOM IT MAY CONCERN:

The major achievement of the South County Mental Health Center program with the schools vis-a-vis the classes for emotionally disturbed and socially maladjusted children was to focus attention and resources on the following needs:

1. For both exceptional child faculty and regular classroom faculty to work together on behalf of the child.
2. For ancillary personnel, ie., counselors and deans, to communicate closely with ECE staff in case management.
3. For ECE staff to be given adequate administrative support and time to present their program to total faculty.
4. For total faculty to be more aware of the individual needs of ECE children.

I feel an "on hands" approach by mental health staff, wherein they actively support and collaborate with ECE staff in and out of the classroom, is essential. This would include co-leading of student groups and one-to-one crisis counseling. This approach enabled staff to learn by example and facilitated their taking therapeutic risks.

It is also important that mental health staff adapt their approach to the prevailing perceived needs of school staff and I feel our ability to do this was crucial to program success.

An outgrowth of our involvement this year is a request by the schools to negotiate some form of contract for the coming school year. We are also planning to expand our program consultation to at least one other school on a no-cost basis as a pilot project.

All in all, we feel our initial endeavor with the schools in the area of psycho-educational programming has been effective and well received.

Sincerely,

Jack Land

Jack Land, ACSW
Director of Youth Services